## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax
(571)-273-2885

appropriate. All further (	correspondence includir d below or directed oth	ng the Patent, advance o	rders and notification of a	maintenance fees w	vill be m	ailed to the current	ould be completed where correspondence address as rate "FEE ADDRESS" for
CURRENT CORRESPONDE	Fee pap	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
23650	7590 04/23	/2007	tiav			ng or transmission. of Mailing or Transn	niseian
NOVO NORDI PATENT DEPA 100 COLLEGE I	RTMENT ROAD WEST	l be Stat add tran	ereby certify that the tes Postal Service we ressed to the Mail asmitted to the USP	is Fee(s) vith suffic Stop IS TO (571)	Transmittal is being cient postage for first SUE FEE address : 273-2885, on the da	deposited with the United class mail in an envelope above, or being facsimile te indicated below.	
PRINCETON, N	J 08540		R	ashida Haji			(Depositor's name)
			. /R	ashida Haji/			(Signature)
			<u>J</u>	ıne 5, 2007			(Date)
APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR		ATTORNEY DOCKET NO. CONFI		CONFIRMATION NO.
10/667,040 09/22/2003 Claus Schmidt Moller 6196.210-US 7861  TITLE OF INVENTION: INJECTION DEVICE							
APPLN, TYPÉ	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUI	e fee	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0		\$1700	07/23/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS	]			
STIGELL, THEODORE J 3763			604-211000				
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
			THE PATENT (print or ty	• •			
PLEASE NOTE: Unlo recordation as set forth	ess an assignee is ident in 37 CFR 3.11. Comp	ified below, no assigned eletion of this form is NO	data will appear on the p T a substitute for filing an	atent, If an assigne assignment.	ee is ide	ntified below, the do	cument has been filed for
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Novo Nordisk A/S Bagsvaerd, Denmark							
Please check the appropri	ate assignee category or	categories (will not be pr	rinted on the patent):	Individual 🛭 Co	orporation	n or other private grou	up entity Government
la. The following fee(s) a  Issue Fee  Publication Fee (No. 22)  Advance Order - #	o small entity discount p	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 14-1447 (enclose an extra copy of this form).					
a. Applicant claims	us (from status indicates SMALL ENTITY statu	is. Sec 37 CFR 1.27.	☐ b. Applicant is no lon	<del>-</del>			
NOTE: The Issue Fee and nterest as shown by the r	l Publication Fee (if requeecords of the United Sta	uired) will not be accepte tes Patent and Trademark	d from anyone other than to Office.	the applicant; a regi	istered att	tomey or agent; or the	e assignee or other party in
Authorized Signature	/Marc A. Began/	Date June 5, 2007					
Typed or printed name	Marc A. Began	Registration No. 48,829					
This collection of information application. Confident submitting the completed his form and/or suggestions.	ation is required by 37 C iality is governed by 35 application form to the one for reducing this but	FR 1.311. The information U.S.C. 122 and 37 CFR USPTO. Time will vary den, should be sense on	on is required to obtain or 1.14. This collection is es a depending upon the indiverse Chief Information Office	retain a benefit by the timated to take 12 reduction of the timated to take 12 reduction of the time to the time time to the time time time time time time time tim	he public minutes to mments Tradema	which is to file (and o complete, including on the amount of tim rk Office, U.S. Depa	by the USPTO to process) gathering, preparing, and se you require to complete rument of Commerce, P.O.

Box 1450, Alexandria, Virginia 22 Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.